

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

JAN 7 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 42240

Registration District No. 417

Primary Registration District No. 3021

Registrar's No. 114

1. PLACE OF DEATH:

(a) County Jasper  
(b) City or town Webb City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 526 S. HALL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days) 1 YEAR

3. (a) PRINT  
FULL NAME

Latareca Marion Lippiana

3. (b) If veteran,

name war \_\_\_\_\_

3. (c) Social Security

No. \_\_\_\_\_

4. Sex

Female

5. Color or  
race

White

6. (a) Single, widowed, married,

divorced Child

6. (b) Name of husband or wife

6. (c) Age of husband or wife if

alive \_\_\_\_\_ years

7. Birth date of deceased

Jan

27

1939

(Month)

(Day)

(Year)

8. AGE:

Years

Months

Days

If less than one day

1

10

9

hr. \_\_\_\_\_ min.

9. Birthplace

Webb City, Missouri

(City, town, or county) (State or foreign country)

10. Usual occupation

CHILD

11. Industry or business

MOTHER FATHER

12. Name

Don A. Lippiana

13. Birthplace

Webb City, Missouri

(City, town, or county) (State or foreign country)

14. Maiden name

Evelyn M. Lippiana

15. Birthplace

Missouri

(City, town, or county) (State or foreign country)

16. (a) Informant

Don W. Lippiana

(b) Address

Webb City, Mo.

17. (a)

Burial

(b) Date thereof

Dec 8 1941

(Burial, cremation, or removal)

(Month)

(Day)

(Year)

(c) Place: burial or cremation

Webb City Cemetery

18. (a) Signature of funeral director

Webb City Undert Co.

(b) Address

Webb City, Mo.

19. (a) DEC. 8. 1941

(Date received local registrar)

(b)

W. B. Bitchell

(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper  
(c) City or town Webb City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 526 S. Hall St  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 6  
year 1941 hour 8:15 minute 00 M.

21. I hereby certify that I attended the deceased from  
Nov 24 1941 to Dec 6 1941;  
that I last saw her alive on Dec 6 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Basil Meningitis

Duration

12 days

Due to

Lid on sharp end of an Everlast

Due to

Aspirational Pneumonia

Other conditions

Aspirational Pneumonia

(Include pregnancy within 3 months of death)

Left lower lobe

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) accident  
(b) Date of occurrence 049  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

(Specify type of place) (e) Means of injury

23. Signature

R. M. Stormont

(M.D. or other)

Address

Webb City, Mo.

Date signed 12/8/41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

377

(Licensed Embalmer's Statement on Reverse Side)

42-1-1074

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed Clayton M. Johnston  
Licensed Embalmer No. 3,922  
P. O. Address Webb City, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**